PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/892,386 PADEMARY TRANSMITTAL Filing Date June 26, 2001 First Named Inventor **FORM** Apurva D. Naik Art Unit 2124 **Examiner Name** Tan V. Mai (to be used for all correspondence after initial filing) Attorney Docket Number STL9963 12 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)									
X	Fee Transmittal Form		X			After Allowance Communication to  Appeal Communication to Board			
Fee Attached  X Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Rei	Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks		Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return Postcard				
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	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm N	Firm Name Seagate Technology LLC								
Signature Pilstans									
Printed name David K. Lucente									
Date 2/14/05				Re	eg. No. 3	36,202			
CERTIFICATE OF TRANSMISSION/MAILING									
sufficie	ent postage te shown be	as first class mail in a elow:	envelope	addressed to: Commissioner for F		O. Box 1450, A	Alexandria, VA 22313-1450 on		
Typed or printed name Zeina Smith Date 02/14/2005									

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PTO/SB/17 (12-04v2)
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Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number								
Effective on 12/08/2004.  Complete if Known  Application Number 09/892, 386								
		Application Numb	ber (	09/892,386				
FEE TR	┕▐	Filing Date		June 26, 2001				
Fo		First Named Inve	ntor	Apurva D. Naik				
Applicant claims small	ontity status	See 37 CEP 1 27		Examiner Name		Tan V. Mai		
Applicant claims small	—[	Art Unit		2124				
TOTAL AMOUNT OF PAY		Attorney Docket I	No.	STL9963				
METHOD OF PAYMEN	T (check all	that apply)						
Check Credit (	Card I	Money Order	None	Other (ple	ease ide	ntify):		
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X   Deposit Account   Deposit Account Number: 19-1038   Deposit Account Name:   Por the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  X Charge fee(s) indicated below, except for the filing fee								
		(s) or underpayments	of fee	/-> <b></b>			ept for the ming fee	
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WARNING: Information on this information and authorization			ara into	rmation should not	t be inci	uded on this form. Pro	ivide credit card	
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING	FEES S mall Entity	SEARC		EXAM	INATION FEES		
<b>Application Type</b>	Fee (\$)		ee (\$)	Small Entity Fee (\$)	Fee (	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	300	150 5	500	250	200	100	0.00	
Design	200	100	100	50	130	65	<del></del>	
Plant	200	100 3	300	150	160	80		
Reissue	300	150 5	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	S						Small Entity	
<u>Fee Description</u> Each claim over 20 (i	ncluding R	eissnes)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each independent cla			()			200	100	
Multiple dependent c		<i>5</i>	,			360	180	
Total Claims								
17 - 20 or HP = HP = highest number of total	claims paid to	x =		_0.00_		<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims	Extra Clair		Fee I	Paid (\$)				
3 - 3 or HP =	0	x=		0.00				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CI	` ,,	·		,		small entity) for e	ach additional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 =		/ 50 =		(round up to a wh	nole nur	mber) x <u>250.00</u>	0.00	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge):								
CUDINITIES BY								

Signature	Dis /s. Aus	Registration No. (Attorney/Agent)	36,202	Telephone	720-684-2295
Name (Print/Type	David K. Lucente			Date Fe	bruary 14, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.